**Task Force for** **Regional Campus Access to Care and Community Health**

**FINAL REPORT**

***Submitted by: Annemarie Seifert, PhD and Suzanne Onorato, PhD, Co-Chairs***

**INTRODUCTION**

In April 2021, Eleanor JB Daugherty, Dean of Students and Associate Vice President for Student Affairs, and Carl Lejuez, Provost and Executive Vice President of Academic Affairs, established the Task Force for Regional Campus Access to Care and Community Health. They named Annemarie Seifert, Director, Avery Point Campus, and Suzanne Onorato, Executive Director, Student Health and Wellness (SHaW) as co-chairs and appointed task force members comprised of faculty, staff and students representing a broad range of departments from across the university.

**Table 1: Task Force Membership**

|  |  |
| --- | --- |
| **Committee Member** | **Title** |
| Lloyd Blanchard | Associate Vice President, Budget, Management and Institutional Research |
| Michael Bradford | Vice Provost for Faculty, Staff, and Student Development |
| Jeremy Campbell | Director, Business Analytics and Planning |
| Joanne Corbin | UConn Social Work Associate Dean for Academic Affairs |
| Ben Christensen | Project Manager, Student Health and Wellness |
| Brittany (B) Diaz | Student, Storrs/Hartford campus |
| Catherine Dunnack | Administrative Assistant, Avery Point |
| James Enzogna | Graduate Student, Stamford campus |
| Tracy Gruber | Director, Mental Health Clinical Case Management, Student Health and Wellness |
| Virgen Guadarrama | Student, Hartford campus |
| Michael (Mike) Hernandez | Student, Storrs/Stamford campus |
| Neha Jain | Assistant Professor, Psychiatry, UConn Health |
| Kelley LaFleur | Outreach Director and Nurse Practitioner, Student Health and Wellness |
| Suzanne Onorato, Co-Chair | Executive Director, Student Health and Wellness |
| Claudia Pina | Clinical Case Manager, Student Health and Wellness, Waterbury campus |
| Lesley Salafia | Senior Associate University Counsel, Office of the General Counsel |
| Annemarie Seifert, Co-Chair | Campus Director, Avery Point |
| Kristina Stevens | Director of Mental Health, Student Health and Wellness |

The committee was charged with the following:

**Charge:**

In response to the recommendations of the President’s Task Force on Mental Health and Wellness, the University has determined an additional review of regional campus access to care and approach to community health is warranted. With this direction in mind, the Task Force for Regional Campus Access to Care and Community Health is charged to:

* Review UConn regional student access to medical care and determine gaps contributing to health inequity and disparity in care.
* Identify appropriate levels of care for a university student population that resembles the diversity and demographics of UConn’s regional campuses. While Storrs resources are an important reference, the diversity, location, and needs of the regional campuses should not be presumed to be identical to the Storrs campus.
* Develop a financial model to effectively finance the care recommended for our regional campus students.
* Extend the wellness ‘hub’ developed in the Mental Health Task Force to have a relevance specific to the unique needs and environments provided on those regional campuses.

In order to achieve these goals, the Task Force is encouraged to engage focus groups at each of the regional campuses, critically review national college health data and UConn specific data and confer with regional resources to determine appropriate partnerships that can increase affordable access to care. The Task Force is also reminded and encouraged to thoroughly experience and understand the unique environment and asset that each campus is to the UConn system.

**CONTEXT**

**The President’s Task Force on Mental Health and Wellness**:

In March 2020, the UConn President’s Task Force on Mental Health and Wellness was created, publicly identifying the mental health and wellness needs of UConn students as a top university priority. Task Force members were named, representing faculty, staff, and students from various departments across the university. The committee was charged with reviewing current efforts and practices; identifying areas of diminished capacity; and identifying priorities for best practices and expansion of care for our students. The Task Force recommendations for student mental health and wellness, included:

1. Develop a campus-wide approach to risk prevention and mental health promotion.
2. Leverage the mental health continuum within a holistic framework and approach.
3. Recognize diverse, distinct, and intersectional identities among the student population and identify opportunities and challenges for programming, training, and hiring.
4. Evaluate training and research opportunities for the development of knowledge about college mental health and wellness.

A full report with recommendations can be found here: <https://projectwellness.uconn.edu/final-report/>

The work of the President’s Task Force on Mental Health and Wellness also concluded that regional campuses require enhanced access to direct care. The President’s Task Force recommended going beyond the current Clinical Case Management model to provide increased access to limited counseling services, enhanced relationships with external referrals, and group therapy. Further, the Task Force believed a model of access to consultative health services would also be beneficial to a regional campus community health approach. The President’s Task Force recommended the development of the Task Force for Regional Campus Access to Care and Community Health with the goal of exploring the feasibility of expanding services and enhancing resources for regional students through a fee-based model.

**Current Regional Clinical Case Management and Wellness Programming Services:**

In 2016, the University conducted a comprehensive review of mental health and wellness services provided on each of the regional campuses. Through regional campus visits, staff interviews, leadership conversations, and an in-depth evaluation of existing mental health structures and services at each campus, recommendations were to develop a Clinical Case Management Model of Care on each regional campus, to include:

1. Establishment of the Brief Assessment and Refer to Treatment (BART) model
2. Development of an off-campus referral network with local resources
3. Identification of crises and referrals to established crisis referral resources
4. Support for professional development and a standard of care
5. Connection of students to available campus resources
6. Expansion of wellness programming such as stress management, suicide prevention, relationship development, substance use, etc.

Starting in 2017, Student Health and Wellness (SHaW), in partnership with regional campus leadership, implemented a SHaW Mental Health Resource Center on each of the regional campuses, offering mental health clinical case management and wellness programming tailored to the identified needs of the students on each campus.

By 2019, in addition to one clinical case manager on each of the regional campuses, the model expanded to include a director of regional clinical case management, a regional wellness program director, and a second clinical case manager on the Stamford campus. Mental health and wellness services offered on each of the regional campuses evolved to include individual assessments, crisis intervention, case management and consultation with connection to appropriate and accessible resources and coordination of appropriate level of care, plus workshops and wellness programming.

The recommendations of the President’s Task Force on Mental Health and Wellness include exploration of advancing the model of care from a referral-based model to a “wrap around” model to improve access and intervention for marginalized students, enhance community partnerships and referral relationships, and provide mental health consultation to the overall campus community.

**Medical Care and Community Health:**

The American College Health Association (ACHA) states that a comprehensive college health program supports the health of both the individual student and the campus community in its broadest sense. Effective college health programs coordinate with campus partners to create a network of care, connecting student health with academic success. They also serve as the lead campus public health agent.

UConn Student Health and Wellness (SHaW) offers coordinated services for Storrs campus students by providing access to medical and mental health services, as well as through preventive community health resources. These services are predominately funded by a Student Health and Wellness university fee charged to matriculated graduate and undergraduate students enrolled on the Storrs campus.

Through a multidisciplinary staff of physicians, advanced practice nurses, registered nurses, pharmacists, phlebotomists, dietitians and radiation technologists, SHaW provides primary care, immediate care, women’s health, sports medicine, transgender care, allergy and travel medicine, nutrition and physical activity, a 24-hour advice nurse, immunizations and flu clinics, sexual health, and overnight care, as well as pharmacy, radiology and blood draw services.

SHaW is also the lead campus public health agent, working in partnership with local and state health agencies to manage outbreaks and public health emergencies on the Storrs campus. Although always a core responsibility of SHaW, the value of this service for ensuring campus safety has become more clearly understood during the COVID pandemic.

In addition to comprehensive medical services, SHaW also provides a full array of mental health services for Storrs students, including emergency screening and crisis support, routine assessment, individual and group therapy, psychiatric services, medication management, case management, alcohol and other drug counseling, and eating disorder services. SHaW also offers rapid access same day support services; and for less acute needs, SHaW offers single sessions and Let’s Talk. Campus consultative services and trainings/educational workshops are also provided.

In addition, SHaW focuses on health promotion through Storrs campus outreach and education, coalition and collective impact work, and by providing a wellness ‘hub’ for coordinated and consistent wellness outreach and messaging for the Storrs campus.

Currently, there is no coordinated or centralized approach to provision of medical care or community health services on the regional campuses. And while the clinical case management services across all five campuses are coordinated, the regional campus students have less of an array of mental health services available to them through SHaW. It is important to note that each UConn student is required to have health insurance, which offers some level of access to medical and mental health care in the local community. A preliminary review of local health and wellness resources, as well as community services, in each of the regional campus locations offers evidence that there are services available. This would need to be researched at a more comprehensive level, taking into consideration such things as type of insurance accepted, potential transportation limitations and level of new patients being accepted. The current model of healthcare for regional campus students assumes that the student is able to navigate and access local medical and preventive resources on their own.

While illustrative to understand resources available on the Storrs campus, the regional campuses should not be presumed to be identical to the Storrs campus, although at times there is a direct comparison by students as an indication that there is less commitment by the University to the health and wellbeing of the regional campus students based on the limited services provided. As highlighted in the charge, one main task of the Task Force was to explore what services are wanted, what are needed, and what is feasible for each regional campus.

**PROCESS**

**Regional Campus Access to Care and Community Health – Task Force Workflow**

The Regional Campus Access to Care and Community Health task force met regularly from May through September 2021. These meetings included: full group meetings, workgroup meetings, as well as eight regional student focus groups. Below is an outline of the meeting timeline and purpose:

**Timeline and Summary of Task Force Work:**

***April 26, 2021*** - The Task Force for Regional Campus Access to Care and Community Health was announced.

***May 1- 24, 2021*** - Annemarie Seifert and Suzanne Onorato, Task Force Co-chairs, met several times throughout the month of May to plan meeting purpose and structure, and to build the Teams-based shared folders to enhance communication with the full committee.

***May 25, 2021*** - Annemarie and Suzanne convened the full task force committee for the Charge Meeting, which included the purpose and goals of the task force, a presentation on the background and context of this work on the regional campuses to date, and meeting timeline and tools. The group was also asked to brainstorm in our shared Teams drive on two questions: 1.) what are your expectations related to outcomes/recommendations, and 2.) what are the perceived gaps contributing to health inequality and disparity in care for regional campus students. We also discussed the probable issues that we will need to address as we advance this work.

***June 10, 2021*** – A Task Force meeting with the full group was held, which included a presentation on Highlights of Mental Health and Wellbeing, reviewing where we have been, where we are now and a glance toward the future, including a review of the national benchmarking datasets available and a high-level review of trends by UConn regional campuses. The group also reviewed responses from the brainstorming exercise related to expectations and perceived gaps in services.

***June 24, 2021*** – A Task Force meeting with the full group was held to develop three workgroups to convene throughout the month of July. The three workgroups were formed with the goal of conducting research to help identify appropriate levels of care for a university student population that resembles the diversity, demographics and the unique needs and environments provided on each of the regional campuses. During the meeting, three workgroups were formed, and the groups went into breakout sessions to define goals/objectives, processes for meeting the goals/objectives, timelines and a schedule, and questions to bring back to the full group for further discussion.

The three workgroups that were formed include:

1. **Research on Collegiate Health Best Practices Models** **– Kelley LaFleur, APRN, Workgroup Chair**
   * To conduct a literature review on national health, mental health and wellness models for regional and/or commuter campuses across the country.
   * To review and document public information and to reach out directly to colleagues from UConn Peer and Aspirant Universities to determine their approach to this work.
2. **Regional Data Review and Needs Assessment** **– Tracy Gruber, LCSW, Workgroup Chair**
   * To analyze each UConn regional campus response to specific utilization, access and needs questions on the National College Health Assessment national survey and other regional data sources.
   * Compare regional campuses to each other and to Storrs for similarities and differences.
3. **Quantitative Student Survey** **– Kristina Stevens, LCSW, Workgroup Chair**
   * To create and distribute a brief survey to regional campus students to hear from students about what medical, prevention and mental health services and supports would be most helpful to them.

***Month of July 2021*** – The three workgroups met throughout the month of July to execute the goals and objectives described above.

***August 5, 2021*** – A Task Force meeting with the full group was held. The workgroups presented on progress, preliminary findings, challenges and next steps. Two barriers that were discussed included 1.) the difficulties of connecting over the summer with students, national colleagues and others, especially during a renewed attention by universities across the country on COVID planning, and 2.) preliminary research indicates that we may be forging new ground by creating a coordinated approach to health and mental health services on regional or branch campuses.

***Month of August 2021*** – Workgroups continued to meet to finalize their work.

***August 17, 2021*** – Task force chairs met with Workgroup chairs to support needs, address any remaining barriers and finalize submission of final workgroup reports.

***August 26–30, 2021*** – Regional Campus Student Survey distributed and analyzed.

***September 1, 2021*** – Workgroup final reports were submitted to the Task Force chairs. The findings and recommendations of each workgroup are included in the next section of this report.

***Week of September 6, 2021*** – Seven In-person and one virtual student focus groups were held on the four regional campuses to confirm/validate the findings and recommendations from the workgroup reports. Focus groups included:

* **Avery Point** – September 8, facilitated by Annemarie Seifert.
* **Hartford** – September 9 & 15, facilitated by Suzanne Onorato.
* **Stamford** – September 10, facilitated by Annemarie Seifert.
* **Waterbury** – September 8, facilitated by Suzanne Onorato.
* **School of Social Work** – September 16, facilitated by Suzanne Onorato.

***September 14, 2021*** -A Task Force meeting with the full group was held to review findings and recommendations and highlights from the final report.

***Week of September 20, 2021*** – Distribution of draft report with preliminary findings and recommendations to the Regional Campus Directors for their feedback.

***October 1, 2021*** – Final report presented to Carl Lejuez and Elly Daugherty.

**WORKGROUP REPORTS AND FOCUS GROUP RECOMMENDATIONS**

(*See* ***Appendix A*** *for membership on the three workgroups*)

**WORKGROUP #1: Research on Collegiate Health Best Practice Models - Kelley LaFleur, APRN, Chair**

**Introduction:**

The Best Practice and Models of Care workgroup approached the task by reviewing the charge. This enabled the development of a multi-faceted approach to exploring university care systems and resources for a university student population, while examining equitable opportunities for health and well-being. Factors impacting access to safe, high quality care and how best to bring this to scale across our regional campuses were considered.

As part of the Task Force for Regional Campus Access to Care and Community Health, the Best Practice and Models of Care workgroup was tasked with two primary objectives: 1) collect information on what other schools with significant commuter or regional branch campuses are providing; and 2) evaluate those ‘models of care’ related to whether or not they could be implemented at UConn’s regional campuses to meet the needs of UConn students. Understanding that university health systems across the country are navigating the ongoing COVID-19 pandemic, along with normally reduced staffing during the summer months, the work group identified peer and aspirant institutions to accomplish the two goals listed above.

Outreach to these institutions took place, along with a literature search, data collection, and response analysis.

**Literature Search:**

A literature search was conducted to explore any existing reviews on the topic of access to mental health care for students on regional campuses. Google Scholar and PubMed search engines were used. Key phrases included in the search were “student mental health”, “access to mental health for students”, “barriers to access to mental health”, “behavioral health regional campuses”, “student wellness” and “regional campus mental health access”.

***Results:*** There were very few publications relevant to the topic of access to mental health care on regional campuses. The majority of results were commentaries on the increasing need for mental health care among students, along with barriers and challenges to access of care, with almost no studies specific to regional campuses. However, there were a few trials/pilot projects exploring innovative ways of increasing detection of mental health issues and improving access that might be applicable to UConn’s regional campuses. Main findings from some of the relevant studies are cited below.

* Ten mental health center administrators from US institutions engaged in semi-structured interviews. Four themes characterized the changes in demand and role of student mental health services: 1) an increase in the severity of mental health concerns and demand for services; 2) overall psychosocial differences in today’s college student population; 3) changes in the roles of counseling centers; and 4) institutional challenges and the response to those challenges.1
* An excellent review based in Canada described using non-traditional approaches such as the “Flourish” project at the University of Toronto (Scarborough) that focused on early intervention and resilience-building. Another project is “Good2Talk,” the Ontario post-secondary 24/7 helpline, utilizing technology to improve access to timely care.2
* A randomized controlled trial of Gatekeeper training found that the training increases trainees' self-perceived knowledge, self-perceived ability to identify students in distress, and confidence to help. There are no apparent effects, however, on utilization of mental health care in the student communities in which the trainees live.3
* A study on improving access to mental health care among medical students utilized innovative approaches such as regular town hall meetings by the campus Dean, virtual mental health support, obtaining funding to double the number of unbilled mental health visits to a total of 10 visits for medical students, and using digital mental health programming. However, there was no formal assessment of the effectiveness of these interventions.4

The major limitations found in this literature search are:

1. The dearth of studies specific to regional campuses; and
2. The lack of generalizability of findings from major campuses/international settings to local, regional campuses.

It is possible that information on mental health services at regional campuses exists in a database that is not accessible through search engines like Google Scholar/PubMed.

**Institutional Survey Development and Benchmarking:**

With an understanding of the unique needs of college students, specifically regional campus students, we embraced a “student-centered care” focus during survey development. The workgroup met on two occasions following the larger task force meetings and members worked independently to accomplish the task.

Objectives for survey development were as follows:

1. Collect information on what other schools, commuter or regional branch campuses, are providing; and
2. Evaluate those ‘models of care’ related to the success of meeting the student’s needs.

Question development sought to gather information on what other schools are providing for commuter or regional branch campuses to determine if those models meet student’s needs, and what funding sources support this work. These questions are listed below:

1. What behavioral health services are offered at your commuter or regional branch campuses?
2. Does your school offer community health or medical services at your commuter or regional branch campuses? Does your school offer health education or outreach at your commuter or regional branch campuses?
3. How are the behavioral health, medical care, and health outreach programs at your location structured? Are you housed together or separate?  Is it an integrated service?
4. Does the program provide after-hours/on-call services?
5. Does the program connect with sister programs/community resources in any way?
6. When delivering services, how much is in-person? Does the program provide virtual care?
7. How is your commuter or regional branch campus behavioral health program funded?

**Response Analysis:**

Evaluating other university systems and creating a comparative analysis through benchmarking can reveal distinct differences and similarities in care delivery models. Of the sixteen universities the work group identified and inquired with, only four were able to provide information, either directly or by way of web resources. Of these four, three were peer institutions (Indiana University, Michigan State University, and the University of Delaware), while only one was identified as an aspirant university (University of Illinois Urbana-Champaign).

The student population of these institutions ranges from a low of 23,613 (University of Delaware) to a high of 90,700 (Indiana University). It should be noted that Indiana University identifies as having 9 different campuses that contribute to the total enrollment figure above. Despite the vastly different population sizes, given the basic information the work group was able to collect, the only common thread across the institutions, as well as within UConn’s Student Health and Wellness, was the availability of some form of 24-hour emergency services for students in crisis.

A variety of organizational structures was found at the respondent institutions. The University of Illinois – Urbana-Champaign’s Counseling Center and Health Center are separate entities; however, both report to the same Associate Vice Chancellor within Student Affairs. Despite being in separate buildings, it was relayed that both locations have counseling services while the Health Center has Psychiatry services. Michigan State University’s Student Health and Wellness is independent of and does not report up to Student Services and is comprised of five programs: Counseling and Psychological Services (CAPS), Primary Care, Health Promotion, Sexual Assault, and Domestic Violence Shelter.

Neither of our peer institutions at Indiana University and Michigan State University offer community health or medical services to commuter or branch campuses at this time.

While it is unclear by looking at the respondent data at hand which model is a true aspirant for UConn to further investigate for possible implementation at our own regional campuses, what did become clear is that each of these institutions are grappling with some form of difficulty in relation to providing care for regional/branch students. Whether these challenges have stemmed from the COVID-19 pandemic, the need/desire to offer telehealth services, or physical limitations due to locations and space, they appear to be present at each one of the universities surveyed.

**Lessons Learned:**

The Best Practice and Models of Care workgroup brought together members representing the fields of nursing, medicine, psychiatry, public health, social work and law. Participation across different disciplines allowed for members to gain an appreciation and perspective beyond the boundaries of their typical work. Collaborations and contributions expanded their depth and breadth of knowledge in this area.

**Summary:**

The existing SHaW Clinical Case Management Mental Health Resource Center model, implemented in 2017 and serving the University of Connecticut regional campuses, provides critical services that have been in heightened demand during the pandemic. Further consideration for the integration of and potential expansion of community health resources was made evident during this time. The pandemic increased the need to connect regional campus students with local public health and medical care resources for immunization, testing, and management of care related to the COVID-19 virus.

Innovations in care delivery addressing social determinants of health and health inequities can transform models of care and impact the way we engage students in taking care of their health, thus enhancing their well-being.

**References**

1. Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2012). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work*, *11*(3), 319-337.
2. Ng, P., & Padjen, M. (2019). An overview of post-secondary mental health on campuses in Ontario: challenges and successes. *International Journal of Mental Health and Addiction*, *17*(3), 531-541.
3. Lipson, S. K., Speer, N., Brunwasser, S., Hahn, E., & Eisenberg, D. (2014). Gatekeeper training and access to mental health care at universities and colleges. *Journal of Adolescent Health*, *55*(5), 612-619.
4. Chandratre, S. (2020). Medical students and COVID-19: challenges and supportive strategies. *Journal of Medical Education and Curricular Development*, *7*, 2382120520935059.
5. Health Disparities and Social Determinants in Health, February 2021. [10811\_01\_AHCT\_Disparities\_Report\_V4.pdf (accesshealthct.com)](https://agency.accesshealthct.com/wp-content/uploads/2021/02/10811_01_AHCT_Disparities_Report_V4.pdf)

**WORKGROUP #2: Regional Data Review** **and Needs Analysis – Tracy Gruber, LCSW, Workgroup Chair**

**Background:**

The Regional Data Review and Needs Analysis workgroup was charged with:

1. Reviewing and analyzing the current information and available data, including the Regional Campus responses from the American College Health Association National College Health Assessment (ACHA-NCHA), reflecting current access to medical, mental health, and wellness opportunities for regional campus students.
2. Supporting efforts in identifying gaps in care that contribute to health inequity and disparity for regional student access to care.
3. Identifying appropriate levels of care for a student population that resembles the diversity and demographics of each UConn regional campus respective of:

* Diversity
* Location
* Needs

**Process:**

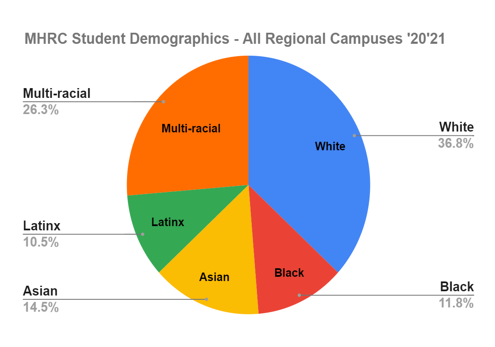
The workgroup met over the course of the summer. The work of the group included:

* Reviewing the full UConn regional and Storrs ACHA-NCHA survey results
* Identifying question clusters from the survey that were most relevant to inform the Task Force
* Grounding the review in a cultural context – considering what questions were missing or needed additional information in order to fully understand the unique needs at the campus and student levels
* Collaborating with the Quantitative Student Survey workgroup to inform survey development.

**Information Reviewed:**

For the purposes of review and analysis, the workgroup was provided with ACHA-NCHA data collected from UConn regional campus students in 2021, the most recent available survey. This included ACHA-NCHA response rates by campus ranging from 5.1% to 11.2% (*see* ***Appendix B*** *for more details*). Additionally, information was collected from current licensed mental health clinicians, delivering mental health and wellness opportunities to UConn regional campus students. Other information reviewed by the workgroup included discussions with non-clinical student service representatives on regional campuses, and other data and information shared in Task Force meetings, including utilization of regional campus services information and experiences that provided additional insight to the data review.

Some data highlights include:



**ACHA-NCHA Question: What is your primary source of health insurance?**

**Clinical Case Management Utilization Data by Race – AY20-21**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Insurance Type** | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| University Insurance Plan | 9.3% | 11.1% | 5.1% | 1.6% |
| Parent/Guardian Plan | 75.9% | 51.0% | 59.8% | 59.0% |
| Employer-based plan (self or spouse) | 3.7% | 12.0% | 15.4% | 7.7% |
| Medicaid, Medicare, SCHIP or VA | 5.6% | 15.4% | 17.9% | 24.6% |
| Self-bought Plan | 3.7% | 7.7% | 7.7% | 0.0% |
| Unsure of Source | 0.0% | 1.4% | 0.9% | 9.8% |

Avery Point has the highest amount of Parent/guardian plans, and the lowest use of Medicaid/Medicare compared to other campuses. Hartford has a higher % of employer-based plans.

Waterbury has almost 10% of students unsure of what their healthcare coverage is. Very few students indicated no insurance (6 students total among all campuses).

**ACHA-NCHA Question: Within the last 12 months, have you been diagnosed by a healthcare professional with any of the following?**

**ACHA-NCHA Question: Within the last 12 months, did you visit a medical provider?**

**ACHA-NCHA Question:**

**ACHA-NCHA Question: Which of the following best describes your HPV vaccination status?**

**ACHA-NCHA Question: Have you ever been diagnosed with the following conditions (% yes)?**

**Data Summary:**

Overall, students from all four campuses indicated that they have insurance coverage, with the most coverage type being Parent/Guardian coverage. This was not surprising, given that insurance coverage is a university requirement. However, such details as services covered, level of deductibles and co-pays, in-network and out-of-network coverage, and other indicators for how comprehensive the insurance plan is were not included as part of the survey questions.

Students on the regional campuses experience a full range of medical and mental health conditions, with cold/virus being the most common acute medical conditions and anxiety/depression being the most common diagnosed mental health conditions. Approximately two thirds to three quarters of students indicated that they had visited a medical provider in the past 12 months, and approximately ¼ to 1/3 received psychological or mental health services in the past 12 months. Location for both medical care and mental health care was largely received in their hometown or through a local community provider near campus, indicating that there may be local resources accessible through referrals and partnerships in the surrounding area. This needs to be explored in more detail, as some students’ hometown may be near or in the same community as the regional campus, and others may need to travel quite a distance to their hometown to receive care.

The 2019 UConn ACHA-NCHA survey also asked students about their level of interest in receiving information about certain health topics. The top responses across all four regional campuses are highlighted below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interest in Receiving Information** | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** | **Avg %** |
| Stress reduction | 71.1% | 75.4% | 71.0% | 78.4% | **74.0%** |
| Nutrition | 67.8% | 67.5% | 66.5% | 65.5% | **66.8%** |
| Sleep difficulties | 68.2% | 65.0% | 63.1% | 67.4% | **65.9%** |
| How to help others in distress | 68.9% | 64.0% | 65.8% | 59.8% | **64.6%** |
| Depression/Anxiety | 64.4% | 66.0% | 61.5% | 63.2% | **63.8%** |

NCHA data was supplemented through interviews with mental health clinicians, who shared the following experiences and concerns:

* The current utilization of the Mental Health Resource Center services on the regional campuses are 36.8% white and 63.2% diverse identities, which needs to be integrated into how access to services and the models of care are provided.
* Stigma and cultural implications that create barriers to accessing care.
* High incidence of basic needs’ issues intersecting with mental health presentations.
* Lack of resources for students requiring mental health services but cannot/will not access due to cost or due to stigma/cultural implications.
* Consideration should be given to medical and mental health impact specifically for students who are working full-time and going to school.
* Recovery services available at Storrs and Stamford are not currently available to Avery Point, Waterbury, and Hartford campuses.
* Barriers that certain students face in accessing Center for Students with Disabilities accommodations due to resistance to pursue documentation, stigma, cultural impact or insurance costs.
* Accessible, affordable, and available medical and mental health providers in the surrounding campus community.
* Medical options for students who experience sexual assault.
* Support in helping students to navigate the independent status for financial aid.
* Students who are seeking care with someone who shares their identity may not have options for cultural/ethnic/community background in their on-campus provider.

**Findings:**

The ACHA-NCHA survey provides a vast amount of information. The Data Review and Needs Analysis workgroup members agreed that many questions seem more specific to residential campus students rather than commuter students, which could impact responses making it more challenging to discern student preference. The regional response rate varied and as such, left the group curious to learn more about the experience and perceptions of regional campus students. While the larger survey includes questions about academics, finances and careers, the workgroup focused its efforts on issues related to insurance, service utilization, and medical and mental health concerns/conditions. The group identified specific metrics in these key areas where they felt a deeper dive would yield additional important information.

The workgroup was particularly interested in further examining the data through cultural lenses, recognizing responses may be influenced by life experiences, communities, and culture. For example, over 50% of Hartford students are first generation Americans. Clinical interactions on the regional campuses have offered additional insights noting that our regional campus students come from all over the world. Certain students experience cultural stigma associated with mental health, which often presents a barrier to accessing treatment and support outside of the university. Some students will not accept referrals to providers in the community because they do not wish for their parents to be informed about their care. Interviews with the clinicians at the regional campuses reinforce that this is an issue across campuses.

The data also underscored an interest in identifying additional strategies to increase the response rate and ensure that the data sufficiently captures the range of regional campus students. In our analysis of respondent identity factors, 57% of Hartford respondents were graduate students and we know the demographics and life experiences are vastly different for the graduate vs. the undergraduate population. Graduate students across campuses make up a fraction of the overall number of students and thus the results may not adequately reflect the undergraduate experience without a deeper dive.

**Recommendations:**

* When the next ACHA-NCHA survey is distributed, the group is interested in further customizing questions that better understand the regional campuses student experience.
* Continue to consider creative approaches to soliciting student feedback. Those students who may need more supports may be less likely to complete a long survey. Additional strategies that offer additional opportunities for a range of feedback to increase sample size should be explored.
* The workgroup was interested in a more detailed analysis. As the workgroup examined the full ACHA-NCHA report, there were specific areas that would have benefitted from an advanced analysis and cross-walking. As such, this initial review must consider both the qualitative and quantitative information reviewed.
* In considering potential gaps, while the workgroup narrowed its focus on medical and mental health items, it strongly noted the intersection with all other elements of the survey that taken as a whole represent a more holistic picture of students and their experiences. As such, the workgroup felt a fuller review would be informative, noting as one example, issues related to academic conditions that may well impact overall well-being. The questions associated with diagnosis may miss students who had not been tested and thus wouldn’t have a diagnosis, but may experience challenges that could be alleviated with the right diagnosis and accommodations.
* The workgroup strongly recommends a cross-walking of data applying a race/ethnicity lens to better understand issues of disparity and disproportionality.

**WORKGROUP #3:** **Quantitative Student Survey** **– Kristina Stevens, LCSW, Workgroup Chair**

**Background:**

The Quantitative Student Survey committee conducted the majority of the work over the summer. As a result, the committee was not able to meet as a whole. Instead, the workgroup membership was sent a copy of the draft survey for review and feedback. In developing the survey, there were a number of factors considered, including;

* Administering the survey at the start of the semester to increase student access and completion.
* Keeping it brief and focused on student preference and interests relative to health and wellness services.
* Partnering with Regional Campus Directors to get the word out.
* Considering the survey as one element that would inform overall recommendations.
* Using the survey results to help shape the regional campus student focus groups.

The efforts of this work were complimented by joining with the Regional Data Review and Needs Analysis committee. This partnership supported the development of a survey that would build on the ACHA-NCHA data already received from students to reduce redundancy and focus on identified gaps.

The ACHA-NCHA offers valuable information about the health habits and behaviors of our student population, however it does not provide detail about what it is that students need and want from their healthcare, including where they want to access healthcare and understanding barriers. It was also important to recognize that the four regional campuses, the communities in which they sit, available resources and the students themselves are all distinct with varied needs.

In addition to joining with the Data Review committee, the survey was informed by other healthcare surveys, including;

* The National Center for Health Statistics [NHIS - 2021 NHIS (cdc.gov)](https://www.cdc.gov/nchs/nhis/2021nhis.htm). The benefits of the NHIS is the breadth and depth of information gathered. Considering the complexity of health, it was important to review a survey that examines the many facets of health including social determinants. One of the challenges with this survey is that the data is not specific to higher education, but rather looks broadly at those 17 and under and those 18 and older.
* 2020 College Student Health Survey Report St. Cloud State University Students [scsu\_cshsreport\_2020.pdf (stcloudstate.edu)](https://www.stcloudstate.edu/sld/_files/documents/folder/scsu_cshsreport_2020.pdf) The benefits of this survey is that it was designed specifically for higher education and included institutions with a commuter base of students. The intent was to collect information from undergraduate and graduate students to identify health and health related behavior issues affecting college students. However, much of the information gathered for this survey is captured in the ACHA-NCHA survey and would only serve as a duplicative effort. Additionally, it did not gather information about student service and support needs or preferences.
* The California Mental Health Services Authority collaborated with an external partner to conduct a campus wide survey which offers an interesting approach to gathering feedback from a broad coalition of stakeholders. [CalMHSA Student Mental Health Campus-Wide Survey: 2013 Summary Report | RAND](https://www.rand.org/pubs/research_reports/RR685.html) This survey distribution was inclusive of students, staff and faculty and focused heavily on perceptions, offering important insights into what students, staff and faculty experience and believe is needed.

**Survey Development:**

With the benefit of a meeting with the Data Review committee, reviewing the UConn ACHA-NCHA data and looking at other healthcare strategies, a small group convened to develop a brief, but targeted, survey to be administered to all four regional campuses. Recognizing the differences across the regional campuses, the survey asked which campus the student attends. Along with some demographic information, the focus of the survey was to understand where students want to access services, which services are of interest to them, whether they have timely and responsive access today and what, if any barriers exist that interferes with access *(see* ***Appendix C*** *for survey questions and responses by campus).*

**Findings:**

The survey was distributed from August 26, 2021 through August 30, 2021 and yielded a nearly 12% response rate with the highest percentage of responses coming from the Hartford campus with 44% and the lowest percentage of responses from Avery Point.

Demographically, 71% of the respondents were undergraduate students, 61% identified as female, 49% White, 17% Asian, 13% Black and 20% Hispanic.

In an effort to understand where students would prefer to access care, the data shown in the charts below indicate that for medical services, two-thirds of students would prefer to obtain care off-campus and for mental health services just over 50% of students would prefer accessing care on-campus.

Respondents were asked what types of services they would like offered at the regional campuses. The list of options largely mirrors that of services available to students in Storrs. The findings included:

* 14% mental health services
* 12% immunizations
* 12% nutrition
* 11% sexual health and reproductive care
* 11% primary care

Eighty percent of students reported having reliable and timely access to medical and mental health care off campus. When asked how they wanted services and supports covered, over 90% answered insurance. When asked what impacts student access to medical or mental health support several barriers were noted, including:

* 35% not sure what options were available to them
* 20% noted transportation challenges
* 17% waitlists
* 15% inadequate insurance

**Recommendations:**

1. With the University’s commitment to a culture of care, much like the California MH Services Authority, gathering information from staff and faculty as well would offer helpful insights into how best to support each of the regional campuses.
2. The establishment of Memorandums of Understanding (MOUs) for medical and mental health services that formalize relationships between community partners and the University would provide additional support to students. Such efforts would be keenly focused on quality service provision, accessibility through public transportation and acceptance of a range of insurance plans. In addition, these agreements would require reporting to regularly examine timely access, utilization trends and needs and outcomes.
3. While there were differences among the campuses, there was consistency in that each of the four campuses were either just under or just over 50% of respondents noting interest in receiving mental health supports on campus. Additional mental health supports that can both deliver clinical care and continue to coordinate care in the community with key partners would offer additional supports to students.
4. The focus groups offer an additional opportunity to hear directly from students about their sense of connectedness to the campus and to the larger community as critical indicators to a students’ sense of support and wellbeing.

**#4: Regional Campus Student Focus Groups**

One of the final components of data collection to determine type and level of medical, mental health and wellness services for each regional campus was by hosting student focus groups on each of the regional campuses. One in-person focus group was held on the Avery Point, Stamford and Waterbury campuses. Due to some COVID space restrictions, two in-person and one virtual focus groups were held on the Hartford campus. In addition, the School of Social Work requested the opportunity to have their students participate in a dedicated focus group, so two additional focus groups were offered for this sub-set of students.

Each focus group was asked a series of eight specific questions, which were developed to reinforce or help explain answers to the questions from the Student Survey (*see* ***Appendix D*** *for focus group questions).*

**Focus Group Findings:**

1. Students who relocate to live near the regional campus are very interested in having access to basic medical and mental health services on campus.
2. Students who commute from home are more interested in having resources available to help them navigate the care environment and immediate access to care, if needed in an emergency.
3. Most students agreed that a nurse navigator model for medical care would be valuable.
4. Most students wanted expanded mental health services available, including brief individual and group treatment options; many also advocated for having access to counselors who represent the student demographics.
5. Most students agreed that it would be valuable to have free basic services for all students, but much conversation also occurred about how to pay for these services.
   * Some thought the University should provide these services
   * Others thought it was worth paying a fee on the fee bill to ensure access to basic services
   * Most also believed that insurance should be the predominant payment method for advanced services
6. Students believed there should be some access to prevention services related to such things as nutrition, immunizations, sexually transmitted infection (STI) testing, alcohol and other drugs, sexual education/free condoms/sexual assault, and other topics.
7. All seemed to be clear that students needed to learn more about services available and had great ideas for better marketing/messaging.

**TASK FORCE OVERALL OBSERVATIONS AND RECOMMENDATIONS**

**OVERALL OBSERVATIONS:**

1. UConn may be a leader in the field for creating a regional campus approach to comprehensive services for medical, mental health and student wellness. This may be an opportunity to re-frame the University’s commitment to our regional students, which at times is perceived to be less responsive to regional campus student needs.
2. Many make the assumption that regional campus students commute from their hometown, but for each of the regional campuses, there are a subset of students who move, sometimes some distance, to be near the campus. Students live in nearby housing, such as the Brown building in Waterbury, a cluster of high-rises in Hartford, and an off-campus apartment community for international students on the Stamford campus were highlighted as examples of students who do not have access to care through established hometown relationships.
3. An expanded model of care on the regional campuses allows for greater continuity of care, with limited interruption in services, for students transferring from regional campuses to Storrs.
4. Questions arose about accessing services across different campuses, regardless of where your home campus is. Several students live, work or have internships near one campus, but attend another. This would need to be addressed in the fee model.
5. Concern and ideas about the challenges associated with space on regional campuses for new or expanded services.
6. Much more intentional effort needs to be invested in educating students about services available and how to access them.

**FINAL RECOMMENDATIONS****:**

**Service Recommendations for Regional Campuses:**

1. Expand mental health resources to include crisis support, brief individual treatment and group therapy. Tailor the resource need to each campus volume.
2. Increase access to medical care by creating a nurse presence on each campus. Due to the diversity, location and unique needs of the regional campuses, a “one-size-fits-all” approach is not recommended. Instead, it is recommended that different levels of service be considered for each campus. Nursing service options may include an APRN model providing direct-care and/or an RN nurse navigator model providing remote consultation with students to help them navigate the complex medical landscape including insurance, transportation, referrals to specialty care, and access to community providers who understand their cultural and identity needs. It needs to be stated that each model has regulatory, financial and space implications that will need to be considered on a campus-by-campus basis.
3. Create a SHaW nurse leadership structure to coordinate the nursing model across all five campuses.
4. Provide, expand or arrange for new services on regional campuses related to health screenings, flu and sexually transmitted infections (STI) clinics, nutrition assessments and other health events. Ideas could include a traveling wellness van to support “pop-up” campus clinics.
5. Build a formal network through memorandums of understanding with local referral services for both medical and mental health resources and establish formal partnerships with local healthcare providers and community resources to ensure greater access, timely services, and quality outcomes.
6. Connect prevention and education efforts provided by the SHaW Regional Campus Wellness Program Director, the Regional Clinical Case Managers, and any new regional nursing services to the SHaW health promotion wellness “hub” approach to campus wellness.

**Payment Model Recommendations:**

1. In general, regional campus students believe this is a University responsibility, but also felt that certain basic services should be available to all students and would be willing to pay a regional student health university fee for basic services, if necessary.
2. Bill insurance, when appropriate, or use insurance to pay for more extensive services in the surrounding community.
3. Leverage UConn practicum students to support expanded mental health services.
4. Unique additional services might be needed for some of the campuses, including providing primary care services, but these services should be tailored to the campus needs and not be created as a “one size fits all.” This may lead to a university fee structure that is sensitive to the level of services provided on each campus.

**Operational Recommendations:**

As a follow up to the work of the Task Force, for the next phase of this project, SHaW will work in partnership, both separately and in coordination, with leadership from each Regional Campus to determine:

1. Appropriate model of nursing care, including scope of services and staffing needs, for that specific campus *(see* ***Appendix E*** *for Nursing and Mental Health Models of Care and Resource Modeling).*
2. Staffing needs for expanded mental health services, both for all campuses and unique to some of the regional campus needs (*see* ***Appendix E*** *for Nursing and Mental Health Models of Care and Resource Modeling).*
3. Work with regional campus leadership to determine the need for confidential space with reception and waiting area for medical and/or mental health care, as well as supply expenses and include these needs in the budget planning. This will be part of the calculus to determine staffing levels and scope of services available on each campus.
4. Provide the SHaW Health Equity and Access to Care staff training and consultation for regional campus SHaW employees on issues of diversity, health equity and culturally appropriate care.
5. Work with marketing experts to create and execute a formal marketing and outreach campaign; include this expense in the budget planning.
6. Create a formal on-going check-in process with Regional Campus leadership and students to determine changing needs and service planning.

**Regional Campus Expanded Care Model - Implementation Timeline**:

1. **October 2021** – Recommendations to expand SHaW mental health services and to provide some level of nursing services presented and approved.
2. **October 2021 through April 2022** - SHaW to work in partnership with regional campus leadership to determine staffing models, space models, supply needs and budgets.
3. **May 2022 -** Staffing, space and budget plans approved by UConn leadership.
4. **Fall 2022** – First regional campus expanded SHaW services model implemented.
5. **Spring 2023** – Second regional campus expanded SHaW services model implemented.
6. **Fall 2023** – Third regional campus expanded SHaW services model implemented.
7. **Spring 2024** – Final regional campus expanded SHaW services model implemented.
8. **Summer 2025**– Review regional campus healthcare needs and determine next steps to adapt the model to continue to meet student needs.

**APPENDICES:**

**APPENDIX A:** Task Force Workgroup Membership

**APPENDIX B:** ACHA-NCHA Spring 2021 Survey Participation Data

**APPENDIX C:** UConn Regional Campus Student Survey Results – August 2021

**APPENDIX D**: Regional Campus Student Focus Group Questions

**APPENDIX E**: Nursing and Mental Health Models of Care and Resource Modeling

**APPENDIX A**

**Task Force for Regional Campus Access to Care and Community Health   
Workgroup Membership\***

|  |  |
| --- | --- |
| **Workgroup #1:** | **Research on Collegiate Health Best Practice Models** |
| **Kelley LaFleur, Chair** | Outreach Director and Nurse Practitioner, Student Health and Wellness |
| Ben Christensen | Project Manager, Student Health and Wellness |
| Neha Jain | Assistant Professor, Psychiatry, UConn Health |
| Claudia Pina | Clinical Case Manager, Student Health and Wellness, Waterbury campus |
| Lesley Salafia | Senior Associate University Counsel, Office of the General Counsel |

|  |  |
| --- | --- |
| **Workgroup #2:** | **Regional Data Review and Needs Analysis** |
| **Tracy Gruber, Chair** | Director, Mental Health Clinical Case Management, Student Health and Wellness |
| Jeremy Campbell | Director, Business Analytics and Planning |
| Ben Christensen | Project Manager, Student Health and Wellness |
| Joanne Corbin | UConn Social Work Associate Dean for Academic Affairs |
| Artemis Damble | Clinical Data Nurse Coordinator, Student Health and Wellness |
| James Enzogna | Graduate Student, Stamford campus |
| Virgen Guadarrama | Student, Hartford campus |
| Michael (Mike) Hernandez | Student, Storrs/Stamford campus |

|  |  |
| --- | --- |
| **Workgroup #3:** | **Quantitative Student Survey** |
| **Kristina Stevens, Chair** | Director of Mental Health, Student Health and Wellness |
| Michael Bradford | Vice Provost for Faculty, Staff, and Student Development |
| Ben Christensen | Project Manager, Student Health and Wellness |
| Artemis Damble | Clinical Data Nurse Coordinator, Student Health and Wellness |
| Brittany (B) Diaz | Student, Storrs/Hartford campus |
| Virgen Guadarrama | Student, Hartford campus |
| Lori Masters | Director, Health Information and Clinical Data Analytics, SHaW |

*\*The workgroup meetings were held throughout July and August. Due to the timing, several members were not able to actively participate in the workgroup meetings. All workgroup members did have the opportunity to edit reports and contribute to workgroup recommendations.*

**APPENDIX B**

**ACHA-NCHA Spring 2021 Data**

**Response rates by campus:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Campus** | **# Respondents** | **# Surveys dispersed** | **Response rate** |
| Avery Point | 55 | 492 | 11.2% |
| Hartford | 211 | 2386 | 8.8% |
| Stamford | 117 | 2279 | 5.1% |
| Waterbury | 62 | 769 | 8.1% |

**Undergrad/Grad/Other Breakdown:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Campus** | **Undergrad** | **Grad** | **Other** |
| Avery Point | 47 (85%) | 7 (13%) | 1 |
| Hartford | 89 (43%) | 120 (57%) | 0 |
| Stamford | 99 (85%) | 14 (12%) | 3 |
| Waterbury | 58 (95%) | 3 (5%) | 0 |
| **Total** | **293 (66%)** | **144 (33%)** | **4 (1%)** |

**APPENDIX C**

**UConn Regional Campus Student Survey Results – August 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Count** | **Percent** |  |  |
| Avery Point | 77 | 8.20% |  |  |
| Hartford | 410 | 43.66% |  |  |
| Stamford | 355 | 37.81% |  |  |
| Waterbury | 97 | 10.33% |  |  |
|  |  |  |  |  |
| Q2. How I would prefer to access **Medical Care**: | | |  |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| On Campus | 29.9% | 33.2% | 36.9% | 21.7% |
| Off Campus | 70.1% | 66.8% | 63.1% | 78.4% |
|  |  |  |  |  |
| Q3. How I would prefer to access **Mental Health support**: | | |  |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| On Campus | 54.6% | 46.3% | 58.9% | 47.4% |
| Off Campus | 45.5% | 53.7% | 41.1% | 52.6% |
|  |  |  |  |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| Immunizations | 49.4% | 53.4% | 47.3% | 33.0% |
| Primary care | 39.0% | 41.0% | 45.4% | 38.1% |
| Sexual health and reproductive care | 40.3% | 38.8% | 48.7% | 44.3% |
| Nutrition | 39.0% | 46.8% | 51.0% | 46.4% |
| Allergy Clinic | 24.7% | 27.6% | 32.4% | 26.8% |
| Lab testing | 29.9% | 32.4% | 27.3% | 22.7% |
| Radiology | 10.4% | 16.3% | 13.0% | 8.3% |
| Mental health service array | 58.4% | 53.7% | 59.2% | 57.7% |
| Prescription Services | 26.0% | 34.2% | 33.8% | 18.6% |
| Substance use support services | 26.0% | 22.7% | 25.6% | 21.7% |
| Referral services to community resources | 27.3% | 28.8% | 30.1% | 15.5% |
| Other: | 9.1% | 8.8% | 4.2% | 6.2% |
|  |  |  |  |  |
| Q5. I have reliable and timely access to medical care and mental health support off campus. | | | | |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| Yes | 80.5% | 79.8% | 79.4% | 83.5% |
| No | 14.3% | 8.3% | 8.2% | 1.0% |
| N/A | 5.2% | 12.0% | 12.4% | 15.5% |
|  |  | |  |  |
|  |  |  |  |  |
| Q6. What impacts your access to medical care and mental health support off campus? *Select all that apply* | | | |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| Inadequate insurance | 36.4% | 30.3% | 24.0% | 0.0% |
| Lack of insurance | 9.1% | 3.0% | 12.0% | 0.0% |
| Not wanting to use insurance | 9.1% | 6.1% | 8.0% | 0.0% |
| Transportation | 18.2% | 30.3% | 56.0% | 0.0% |
| Waitlist | 45.5% | 27.3% | 32.0% | 0.0% |
| Unsure of my options/where to go | 81.8% | 66.7% | 60.0% | 100.0% |
| Other: | 18.2% | 12.1% | 8.0% | 0.0% |
|  |  |  |  |  |
|  |  |  |  |  |
| Q7. What would be the preferred way you would want to have services covered? | | |  |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| Insurance | 96.0% | 90.3% | 91.5% | 95.6% |
| Student fee through fee bill | 4.1% | 6.7% | 5.9% | 3.3% |
| Out of pocket | 0.0% | 3.0% | 2.6% | 1.1% |
|  |  | |  |  |
|  |  |  |  |  |
| Q8. Which academic level are you? | | |  |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| Undergraduate | 77.8% | 52.8% | 85.8% | 91.0% |
| Graduate | 20.8% | 46.0% | 12.2% | 9.0% |
| Non-Degree | 1.4% | 1.3% | 2.1% | 0.0% |
|  |  | |  |  |
|  |  |  |  |  |
| Q9. How would you describe your gender identity? | | | |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| Female | 54.2% | 61.3% | 59.1% | 69.7% |
| Genderqueer/gender nonconforming | 1.4% | 1.8% | 2.4% | 0.0% |
| Male | 43.1% | 32.5% | 36.5% | 27.0% |
| Transgender man/transman | 0.0% | 0.5% | 0.3% | 0.0% |
| Transgender woman/transwoman | 0.0% | 0.0% | 0.0% | 0.0% |
| Additional identity: | 1.4% | 1.0% | 0.6% | 2.3% |
| Prefer not to answer | 0.0% | 3.0% | 1.2% | 1.1% |
|  |  |  |  |  |
|  |  |  |  |  |
| Q10. What racial category best describes you? | | | |  |
|  | **Avery Point** | **Hartford** | **Stamford** | **Waterbury** |
| American Indian or Alaska Native | 0.0% | 0.3% | 0.3% | 0.0% |
| Asian | 5.6% | 20.5% | 16.6% | 11.2% |
| Black or African American | 4.2% | 10.3% | 16.9% | 13.5% |
| Native Hawaiian or Other Pacific Islander | 0.0% | 0.5% | 0.3% | 0.0% |
| White or Caucasian | 77.8% | 50.8% | 38.9% | 56.2% |
| Mixed race | 4.2% | 6.0% | 8.9% | 4.5% |
| Other: | 4.2% | 6.0% | 7.1% | 6.7% |
|  |  |  |  |  |
|  |  |  |  |  |
| Q11. What ethnic category best describes you? | | |  |  |
| **Count** | **Percent** |  |  |  |
| Hispanic or Latino/a | 13.89% | 13.00% | 29.38% | 24.72% |
| Not Hispanic or Latino/a | 81.94% | 79.00% | 62.02% | 71.91% |
| Prefer not to answer | 4.17% | 8.00% | 8.61% | 3.37% |
|  |  |  |  |  |

**APPENDIX D**

**Regional Campus Student Focus Group Questions**

On a recent student survey:

1. 2/3 of students who responded indicated that they prefer to access Medical Care **OFF** campus. Can you explain the landscape for availability of medical care in this community and any issues that we should be aware of?
2. Given that there seems to be adequate access to medical care, is there any benefit in having UConn provide a resource to help students locate and/or navigate the medical services in this community?
3. 50% of students who responded to the survey indicated that they prefer to access Mental Health services **ON** campus. UConn already provides some mental health services on your campus.

* Do you know about these mental health/case management services?
* Explain what you know.
* Do you have suggestions about additional ways to inform students about these services?

1. Do you have a sense of whether students want mental health services expanded on your campus? If yes, in what way?
2. What other, if any, medical, prevention or mental health services would you like UConn/SHaW to offer on campus?
3. Have you experienced or do you know about issues related to service gaps contributing to health inequity and disparity in care?
4. What would be the preferred way you would want to have additional services covered?

* Insurance
* Student Fee on the Fee Bill
* Out of Pocket

Explain/Discuss.

1. What other information would you like to provide to let us know what is important to you as we explore the possibility of expanding services and enhancing health resources for regional campus students.

**APPENDIX E**

**Nursing and Mental Health Models of Care and Resource Modeling**

**Overview of Nursing Model Options:**

As highlighted above, due to the diversity, location and unique needs of each regional campus, a “one-size-fits-all” approach is not recommended. Instead, it is recommended that there are opportunities to define different levels of nursing services for each campus.

**Scope of Practice:**

The scope of practice for a registered nurse (RN) in the state of CT includes:

* The process of diagnosing human responses to actual or potential health problems,
* Providing supportive and restorative care, health counseling and teaching, case finding and referral,
* Collaborating in the implementation of the total health care regimen, and
* Executing the medical regimen under the direction of a licensed physician or advanced practice registered nurse.

The scope of practice for an advanced practice registered nurse (APRN), authorized to practice not in collaboration with a physician in the state of CT, includes:

* Performing the acts of diagnosis and treatment of alterations in health status,
* Prescribing, dispensing and administering medical therapeutics and corrective measures and dispensing drugs in the form of professional samples
* Any advanced practice registered nurse electing to practice not in collaboration with a physician shall maintain documentation of having engaged in the performance of advanced practice level nursing activities in collaboration with a physician for a period of not less than three years and not less than two thousand hours.

**Stamford Campus – Recommended Model of Nursing**

It is recommended that the Stamford campus have a more robust model of nursing care, due to the residential housing component and other unique needs of that campus community. An advanced nursing model would include:

* One and a half (1.5 FTE) APRN
* One (1 FTE) RN
* 1.5 FTE Receptionist/Medical Assistant, who would support both the mental health and medical services
* Dedicated healthcare space to include:
  + Office space for 5 professionals (APRN, RN, 2 MH Clinicians, 1 Wellness Program Director)
  + Reception space for confidential check in and scheduling services
  + 2-3 exam rooms/clinical space for medical treatment and mental health services
  + Supplies, medications/storage, on-call service, and marketing expenses need to be included in the overall model expenses.

**Avery Point, Hartford and Waterbury Campuses – Two Potential Options/Models for Nursing Services**

For the other three regional campuses, the core need expressed was to provide a nursing model that supports the following functions:

* Coordinate care and help navigate the complex health care environment
* Support students to be advocates in their health
* Provide community/public health services, such as screenings, clinics, preventive care, etc.

Overall, two models emerged as meeting these needs for the three non-residential regional campus students: 1.) a telehealth, remote nurse call center with on-site nursing clinics, and 2.) a local on-site nurse model for each of the three regional campuses. The Task Force suggests two models for approaching regional campuses needs for accessible care. Each model has unique opportunities and limitations that need to be understood and discussed with regional campus stakeholders.

**Model 1: Telehealth and Remote Nurse Navigation Services with Scheduled On-Site Health Clinics**

The telehealth model provides coordination of care, navigation of community resources, and support for student self-advocacy for their own health through a remote nurse call center model. In addition to the remote nurse call center service, the nursing team would support the student community health components for these three regional campuses through scheduled/planned student health events, such as on-site focused clinics, screenings and preventive care programs.

A remote nursing model, with scheduled on-site clinics, would include the following resources:

* Four (4) nurses
* Two (2) receptionists/medical assistants
* After-hours On-Call services
* Space on the Storrs campus for the call center

**Model 2: On-Site Nurse Navigation Services**

The local, on-site nurse model provides coordination of care, navigation of community resources, and support for student self-advocacy/management of their own health through a local nurse model physically located on each campus. This model would co-locate the mental health services with the nurse services in one SHaW branded space, sharing confidential reception, a waiting area, and dedicated exam rooms.

An on-site nursing model would include the following resources:

* Five (5) nurses (one for each of the three regional campuses and two to provide coverage for ETO, on-site clinics, possibly reception coverage, etc.)
* Three (3) receptionists/medical assistants (one for each regional campus)
* After-hours On-Call services
* A dedicated, physical clinic on each campus to include:
  + Office space for 4 professionals (RN, 2 MH Clinicians, 1 Wellness Program Director)
  + Reception space for confidential check in and scheduling services
  + 2-3 exam rooms/clinical space for medical treatment and mental health services
  + Supplies, medications/storage, on-call service, and marketing expenses need to be included in the overall model expenses.

**Mental Health Staffing Model Recommendations:**

In order to expand services to include brief individual treatment, group therapy and a more comprehensive approach to crisis support, we would recommend expanding the level of mental health clinicians by one on each of the four regional campuses. This also provokes a conversation about space, confidential reception/waiting area, and other standard healthcare requirements for patient care.

**Supervision and Management:**

All of the models outlined above require an additional (1) APRN Manager of Regional Nursing Services to supervise and coordinate the nurses and nursing practice across the four regional campuses, in compliance with healthcare regulations and SHaW policies and procedures, and one (1) Regional Mental Health Manager to supervise and coordinate the mental health clinicians and their practice across the four regional campuses, in compliance with healthcare regulations and SHaW policies and procedures. These managers would report up to a SHaW APRN Director and a SHaW Mental Health Director to ensure a consistent standard of care and coverage across all four regional campuses in alignment with SHaW standards of care.

**Summary of Combined Resources – ESTIMATES ONLY:**

This table includes the nursing resources recommended for the Stamford Nursing Model, the Mental Health resources for all four campuses PLUS the Model 1: Remote Nurses versus Model 2: On-Site Nurse models.

|  |  |  |
| --- | --- | --- |
| **Resources Needed** | **Stamford + Model 1: Remote with On-site Clinics** | **Stamford + Model 2: On-site Nurse Navigators on Each Campus** |
| APRN Provider | 1.5 | 1.5 |
| RN | 5 | 6 |
| Regional Nurse Manager | 1 | 1 |
| Mental Health Clinicians (4 additional; one for each campus) | 4 | 4 |
| Regional Mental Health Manager | 1 | 1 |
| Receptionist/Med Asst | 3.5 | 4.5 |
| External After Hours On-Call Service | 1 | 1 |
| Dedicated medical/clinical space | 1 (Stamford only)  *Need to reorganize space for add’l MH clinician on the other campuses* | 4 (all regional campuses)  *May require renting nearby space in the community* |